

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	WHY SOME WOMEN WHO ATTENDED FOCUSED ANTENATAL CARE FAIL TO DELIVER IN HEALTH FACILITIES: A QUALITATIVE STUDY OF WOMEN'S PERSPECTIVES FROM SLUMS OF ADDIS ABABA, ETHIOPIA
<b>AUTHORS</b>	Sendo, Endalew; Chauke, ME; Ganga-Limando, M

## VERSION 1 – REVIEW

<b>REVIEWER</b>	VIOLET NAANYU MOI UNIVERSITY, KENYA
<b>REVIEW RETURNED</b>	14-May-2020

<b>GENERAL COMMENTS</b>	<p>1. Title The current title 'ENHANCING UTILIZATION OF HEALTH FACILITY-BASED DELIVERY AMONG ATTENDEES OF FOCUSED ANTENATAL CARE IN SLUM RESIDENTS OF ADDIS ABABA, ETHIOPIA' can be improved to show the attendees were from the slums. Or were the four health facilities located in the slums? Please see comments below – this study title is not a reflection of the details described in this manuscript.</p> <p>2. Authors' names on top page are presented using different formats. Review and align with Journal expectations</p> <p>3. Abstract Line 30. Write FANC in full when used for the first time. Lines 30, 36. Stop use of capital S when writing the word 'Slum' except when it is at the beginning of a sentence. This also applies at line 36 in writing the word 'Individual' Line 31. Edit grammar in the abstract section e.g. 3 health center Line 37. Data were collected through Individual interviews – add here that they were in-depth interviews. Line 43. Delete (4). Line 46. What inadequate resources? Supply side or demand side resources? Line 43-50. This is the results section of the abstract and it does not report anything to inform the manuscript title [enhancing utilization]. Ensure the title, specific objectives, data reported, associated discussion and conclusion are all in alignment Line 52 onward provides the abstract's conclusion – they are new themes. It is not aligned to the findings provided in the foregoing section (Lines 43-50).</p> <p>4. Background</p>
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	<p>Avoid having 1-2 sentence paragraphs. Expand them or merge them into other relevant sections of the background section Get professional editing support to ensure proper use of the English language. This applies across all sections of the manuscript.</p> <p>5. Methods The methodology is missing a lot of details that the reader needs to fully understand what was done – every step of the way. Consider checking your manuscript's adherence to COREQ guidelines for reporting qualitative studies. See the following urls: <a href="https://doi.org/10.1002/9781118715598.ch21">https://doi.org/10.1002/9781118715598.ch21</a> <a href="http://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf">http://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf</a></p> <p>Study setting: Which slums in Addis Ababa?</p> <p>Study N: A total of 8 open-ended interviews is not adequate to typify experiences of women from 3 different public health facilities and living in slum areas – and come to the conclusions made for/in this manuscript. Going by the convention that running at least 20 in-depth interviews provides sufficient data to inform and saturate sub topics in any question guide, the use of 8 sessions only is limiting. See for instance: i) Baker S.E 2012. How many qualitative interviews is enough? National Centre for Research Methods Review Paper. <a href="http://eprints.ncrm.ac.uk/2273/">http://eprints.ncrm.ac.uk/2273/</a> ii) Guest G et al. 2006. How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability Field Methods, 18; 59.</p> <p>Given the 4 health facilities, consider adding more interviews so that you have a total of 20 interviews. Consider the sampling for example as follows: Younger women (&lt;24 years?) Older women (25 yrs and above?) HC 1 2 2 HC 2 2 2 HC 3 2 2 DH 4 Total (20) 10 10</p> <p>Ethical review: Was this study reviewed and approved by an IRB? Add details in the methodology chapter on all the ethical considerations made and approvals sought and received.</p> <p>6. Data collection: Where (physical venue) were the interviews done? Were there any other people present during any of the interview sessions?</p> <p>7. Data analysis: How many people coded the data? Was any software used in data analyses? Did the researchers share the findings with the study participants in any way? Was there any participant checking of the data? Also describe the coding framework used and derivation of themes</p> <p>8. Results: Standardise the use of different types of font in different parts of the results section. Begin the results' section by providing a description of the study participants The results reported do not align with the manuscript title. Revise accordingly.</p>
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	<p>9. Discussion: remove all quotes from the participants. Only report the highlights of findings from the results' section</p> <p>10. Conclusion: Focus on the study objectives and what that means given your study results. Add promising areas for future research on the topic.</p>
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<b>REVIEWER</b>	Dirk Essink VU University, Netherlands
<b>REVIEW RETURNED</b>	25-May-2020

<b>GENERAL COMMENTS</b>	<p>The article needs major revisions. The article provides very interesting insights from the perspective of women on the place of delivery. However, in its current state it is unclear what findings are new and relevant for an international scientific community, it is too descriptive and needs language editing. In addition there are a few other remarks as described below. .</p> <p><b>Abstract</b></p> <ul style="list-style-type: none"> <li>- Please indicate in the abstract the number of interviewees</li> <li>- The concept individual interview is vague. Do you mean semi-structured, open?</li> <li>- In the abstract the link between objective and conclusion lacks clarity. There is no specific answer to 'what factors influence'.</li> </ul> <p><b>Background</b></p> <ul style="list-style-type: none"> <li>- There are many typos (e.g. r32 thatj) and the quality of scientific English is poor. An editor needs to check it.</li> <li>- The background a lot of information regarding MMR in Ethiopia, and the question proposed seems to be (very) relevant for local policy makers and practitioners. However, the relevance of the study for the broader scientific community is not made properly clear. This has to be made crystal clear. Otherwise The paper is perhaps better placed in a more regional journal.</li> <li>- Please make clear whether home delivery is attended by by a SBA and/or TBA.</li> </ul> <p><b>Methods</b></p> <ul style="list-style-type: none"> <li>- What were the eligibility criteria for electing women? How were they approached for the interview? ( no facility based delivery). Or did you also take into account maximizing diversity: e.g. geographic/ethnic/age/ etc</li> <li>- Why did you only interview mothers, this assumes that they have (all) agency.</li> <li>- How many participants did you aim to get, and how many were enough. How did you determine saturation?</li> <li>- What theoretical framework was used / which insights form literature, were used to better formulate questions. (and contribute to data analysis)</li> <li>- Were data analysed by one researcher? How was bias controlled?</li> </ul> <p><b>Findings</b></p> <ul style="list-style-type: none"> <li>- The quotes illustrate the text. But there are many quotes, and limited synthesis in the text. For example, in the first section of the results a part of the quote states '(especially my husband)'. . this is quite an important finding and raises two things that are not in the analysed text. Is this specific absence very important (than mention it in your text – quotes illustrate the analysis, and are not synthesis on tier own)? And is this than the opinion of the mother, who wants their husbands there, or si it the husband who has agency to make the decision on going/not going to the hospital.</li> </ul>
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	<ul style="list-style-type: none"> <li>- The findings are very descriptive, we do not for example have a clear insight into what reason is more important than others. For example, being comfortable at home make perfect sense, but is this the reason why they do not go? Or is it that resources/distance is actually more critical. For policy this rather critical. Is it about norms/values, increasing awareness of the need for facility based delivery. Or is it a more physical. Ensuring transport? Cost reductions? Try to link the causes, make it more into a pathway, in which we can see what is more important than others.</li> <li>- I lack the issue of agency. Who makes the choice of home based delivery. Is it the women herself?</li> </ul> <p>Discussion</p> <ul style="list-style-type: none"> <li>- The discussion does not progress beyond confirming the findings (which were largely known ). The discussion does not really touch upon what is new, What is really important, what about the agency of women.</li> <li>- It also appears that the authors favour technocratic solutions: give knowledge, improve quality etc. This is of course important. But it neglects how we can use the current knowledge to improve care giving. For example ensure SBA at home.</li> <li>- In the discussion the TBAs are introduced, but their role is unclear from the findings</li> <li>- What are clear policy and practice recommendations?</li> <li>- In the limitation more emphasis should be spend on the need for including other stakeholders in such analysis.</li> </ul> <p>please add the interview guide as a supplementary file</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: VIOLET NAANYU

Institution and Country: MOI UNIVERSITY, KENYA

Please state any competing interests or state 'None declared': NONE DECLARED

Please leave your comments for the authors below

### 1. Title

The current title 'ENHANCING UTILIZATION OF HEALTH FACILITY-BASED DELIVERY AMONG ATTENDEES OF FOCUSED ANTENATAL CARE IN SLUM RESIDENTS OF ADDIS ABABA, ETHIOPIA' can be improved to show the attendees were from the slums. Or were the four health facilities located in the slums?

Please see comments below – this study title is not a reflection of the details described in this manuscript.

Response: Title revised as: "why some women who attended focused antenatal care fail to deliver in health facilities: a qualitative study from slum residents of Addis Ababa, Ethiopia"

### 2. Authors' names on top page are presented using different formats. Review and align with Journal expectations

Response: Authors' names were corrected.

### 3. Abstract

Line 30. Write FANC in full when used for the first time.

Response: Corrected as Focused Antenatal Care (FANC).

Lines 30, 36. Stop use of capital S when writing the word 'Slum' except when it is at the beginning of a sentence. This also applies at line 36 in writing the word 'Individual'

Response: Corrections made.

Line 31. Edit grammar in the abstract section e.g. 3 health center

Response: Corrected as 3 health centers.

Line 37. Data were collected through Individual interviews – add here that they were in-depth interviews.

Response: Corrected as “we used 20 in-depth audio-recorded interviews.” (See lines 18 -19, P1)

Line 43. Delete (4).

Response: Deleted.

Line 46. What inadequate resources? Supply side or demand side resources? Response: Corrected as inadequate (demand side) resources (See line401, P14)

Line 43-50. This is the results section of the abstract and it does not report anything to inform the manuscript title [enhancing utilization]. Ensure the title, specific objectives, data reported, associated discussion and conclusion are all in alignment (See line13, P1)

Response: Corrections made to titles and specific objective to align with results and discussion.

Line 52 onward provides the abstract's conclusion – they are new themes. It is not aligned to the findings provided in the foregoing section (Lines 43-50).

Response: The abstract's conclusion was revised based on the study findings (See lines 29 32, P1).

#### 4. Background

Avoid having 1-2 sentence paragraphs. Expand them or merge them into other relevant sections of the background section

Get professional editing support to ensure proper use of the English language. This applies across all sections of the manuscript.

Response: Corrected (See background section P2-3).

#### 5. Methods

The methodology is missing a lot of details that the reader needs to fully understand what was done – every step of the way. Consider checking your manuscript's adherence to COREQ guidelines for reporting qualitative studies. See the following urls:

<https://doi.org/10.1002/9781118715598.ch21>

[http://cdn.elsevier.com/promis\\_misc/ISSM\\_COREQ\\_Checklist.pdf](http://cdn.elsevier.com/promis_misc/ISSM_COREQ_Checklist.pdf)

Response: Revised based on COREQ Checklist (Find the attachment).

Study setting: Which slums in Addis Ababa?

In this study, a slum household is defined as a group of individuals living under the same roof lacking one or more of the following conditions: access to improved water, living as a daily laborer, access to improved sanitation, sufficient living area, and durability of housing. The study included the slums of Ketchne and Kolfe Keraniyo, which are mainly low-income residential areas and are characterized by a large number of poor people in the city center. Also included in the texts (See P4, Lines 95- 100)

Study N: A total of 8 open-ended interviews are not adequate to typify experiences of women from 3 different public health facilities and living in slum areas – and come to the conclusions made for/in this manuscript. Going by the convention that running at least 20 in-depth interviews provides sufficient data to inform and saturate sub topics in any question guide, the use of 8 sessions only is limiting.

See for instance:i) Baker S.E 2012. How many qualitative interviews is enough? National Centre for Research Methods Review Paper. <http://eprints.ncrm.ac.uk/2273/>

ii) Guest G et al. 2006. How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability Field Methods, 18; 59.

Response: The author interviewed 12 more women from the same study settings but the findings didn't make a significant change in the manuscript (no new themes emerged).

Given the 4 health facilities, consider adding more interviews so that you have a total of 20 interviews. Consider the sampling for example as follows:

Younger women (<24 years?) Older women (25 yrs and above?)

HC 1 2 2

HC 2 2 2

HC 3 2 2

DH 4

Total (20) 10 10

Ethical review: Was this study reviewed and approved by an IRB? Add details in the methodology chapter on all the ethical considerations made and approvals sought and received.

Response: Yes. Included (See lines 189- 97, P7)

6. Data collection: Where (physical venue) were the interviews done? Were there any other people present during any of the interview sessions?

Response: Yes. The principal author with the trained female research assistant conducted in-depth face-to-face interviews (P5, line 131). The interviews took place in the private rooms of selected health facilities (P5, line 150- 51).

7. Data analysis: How many people coded the data? Was any software used in data analyses? Did the researchers share the findings with the study participants in any way? Was there any participant checking of the data? Also describe the coding framework used and derivation of themes

Response: Data were analyzed concurrently with data collection. All transcribed data were read and categorized into meaningful units that were consequently coded manually by the principal researcher. The researcher used Techs' eight steps of qualitative data analysis method [13] See (P6, lines 176- 180

In this study, on the spot member checking was performed during the interviews by repeating what the participant said and what was documented in the field notes to the participants and confirming that is what they wanted to say. Through member checking, feedback was given to the participants. The researcher also obtained feedback regarding the participants' response to the interpretation of the data from them as individuals See (P6, lines 160- 168)

8. Results: Standardize the use of different types of font in different parts of the results section.

Begin the results' section by providing a description of the study participants. The results reported do not align with the manuscript title. Revise accordingly.

Response: Corrected (See P7, lines 200- 2004). The manuscript title was also revised.

9. Discussion: remove all quotes from the participants. Only report the highlights of findings from the results' section

Response: Corrected.

10. Conclusion: Focus on the study objectives and what that means given your study results. Add promising areas for future research on the topic.

Response: Corrected.

Reviewer: 2

Reviewer Name: Dirk Essink

Institution and Country: VU University, Netherlands

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

The article needs major revisions. The article provides very interesting insights from the perspective of women on the place of delivery. However, in its current state it is unclear what findings are new and relevant for an international scientific community; it is too descriptive and needs language editing. In addition there are a few other remarks as described below. .

Abstract

- Please indicates in the abstract the number of interviewees
- The concept individual interview is vague. Do you mean semi-structured, open?
- In the abstract the link between objective and conclusion lacks clarity. There is no specific answer to 'what factors influence'.

Response:

- Corrected: We used 20 in-depth audio-recorded interviews (semi-structured) ((See line 18- 19, P1).
- In the abstract the link between objective and conclusion lacks clarity. We revised the objective of the study (See lines 13, 29- 33, P1.).

Background

- There are many typos (e.g. r32 that j) and the quality of scientific English is poor. An editor needs to check it.

Response: The whole document was edited for grammar and spelling errors by English Language expert from Addis Ababa University. The author also edited by using "online grammarly software".

- The background a lot of information regarding MMR in Ethiopia, and the question proposed seems to be (very) relevant for local policy makers and practitioners. However, the relevance of the study for the broader scientific community is not made properly clear. This has to be made crystal clear.

Otherwise the paper is perhaps better placed in a more regional journal.

- Please make clear whether home delivery is attended by a SBA and/or TBA.

Response: We made correction to the background based on your comments (See background section on P2-3,

Also lines 71- 73, P3 on the definition of "home delivery in Ethiopia"

Methods

- What were the eligibility criteria for electing women? How were they approached for the interview? (no facility based delivery). Or did you also take into account maximizing diversity: e.g. geographic/ethnic/age/ etc.
- Why did you only interview mothers, this assumes that they have (all) agency.
- How many participants did you aim to get, and how many were enough. How did you determine saturation?
- What theoretical framework was used / which insights form literature, were used to better formulate questions. (and contribute to data analysis)
- Were data analyzed by one researcher? How was bias controlled?

Response:

1. Eligibility criteria for electing women; How were they approached for the interview?

- In order to be included in the study, the participants had to be women who attended FANC in selected health facilities and had given birth to babies at home in the past one year preceding data collection, communicates well in Amharic (Local working language), and reside in slums of Addis Ababa for at least 6 months. Exclusion criteria comprised women who attended FANC but had not experienced home delivery. Diversity was considered.( See lines 112- 116, P4 in the texts)
- The women who met the eligibility criteria were contacted through the midwives/nurses in-charge of the maternal and child health units of the selected hospital and health centers to discuss the purpose of the study, the study activities and request for participation in the study. Then, the researcher approached all women who agreed to take part in the interviews face-to face and they were followed into the communities where the health facilities are located. (See lines 106- 111, P4).

2. Why did you only interview mothers, this assumes that they have (all) agency?

- Population based surveys have adequately captured important information regarding the proportion of births occurring in health facilities but they were unable to capture explanations for women's health practices and preferences regarding the location of delivery. Qualitative research was conducted to complement population-based surveys to obtain understanding of how women perceive, interpret and consider a number of factors affecting their choice of the location of delivery (i.e. home delivery in this study).

3. How many participants did you aim to get, and how many were enough. How did you determine saturation?

– By the convention, running at least 20 in-depth interviews provide sufficient data to inform and saturate sub topics in any question guide (Baker S.E 2012. How many qualitative interviews is enough? National Centre for Research Methods Review Paper. <http://eprints.ncrm.ac.uk/2273/>; Guest G et al. 2006. How Many Interviews Are Enough? An Experiment with Data Saturation and Variability Field Methods, 18; 59.)

– We contacted 30 eligible women for the interview and interviewed 20 of them. Ten women contacted were not engaged in the interviews, 3 as of relocation out of the study area, 7 they were busy and refused to participate( See lines 116- 119, P4).

– Individual interviews were conducted until saturation, which was reached after twenty interviews, when additional data did not lead to any new emergent codes and themes.

4. What theoretical framework was used / which insights from literature, were used to better formulate questions. (and contribute to data analysis)

– A multi-level life course framework of facility-based delivery in low- and middle-income countries (LMICs) developed by Bohren, et al was used to frame the current study and link the findings of the study to the body of knowledge(Lines 20- 23, P1)

5. Were data analyzed by one researcher? How was bias controlled?

– Data were analyzed concurrently with data collection. All transcribed data were read and categorized into meaningful units that were consequently coded manually by the principal researcher. To ensure dependability in the study, the researcher liaised with the two senior research assistants regularly by email, personal contact and phone calls to track any changes carried out in the protocol and procedures, including reviewing themes, defining and naming themes identified( See lines 174- 179, P6)

Findings

– The quotes illustrate the text. But there are many quotes, and limited synthesis in the text. For example, in the first section of the results a part of the quote states '(especially my husband)'. . This is quite an important finding and raises two things that are not in the analyzed text. Is this specific absence very important (than mention it in your text – quotes illustrate the analysis, and are not synthesis on their own)? And is this than the opinion of the mother, who wants their husbands there, or is it the husband who has agency to make the decision on going/not going to the hospital.

Response: Corrected (See Lines 38; 244- 255, P9) thank you so much!

- The findings are very descriptive; we do not for example have a clear insight into what reason is more important than others. For example, being comfortable at home make perfect sense, but is this the reason why they do not go? Or is it that resources/distance is actually more critical. For policy this rather critical. Is it about norms/values, increasing awareness of the need for facility based delivery. Or is it a more physical. Ensuring transport? Cost reductions? Try to link the causes, make it more into a pathway, in which we can see what is more important than others.

Response: Corrected (See Lines 290- 297, P10, lines 244- 255, P9),

- I lack the issue of agency. Who makes the choice of home based delivery. Is it the women herself?

Response: Included is issue of agency (See Lines 244- 255, P9)

Discussion

- The discussion does not progress beyond confirming the findings (which were largely known). The discussion does not really touch upon what is new, what is really important, what about the agency of women.

Response: Comments Included (See Lines 491- 503, P22)



- It also appears that the authors favour technocratic solutions: give knowledge, improve quality etc. This is of course important. But it neglects how we can use the current knowledge to improve care giving. For example ensure SBA at home.

- In the discussion the TBAs are introduced, but their role is unclear from the findings

Response: Comments Included (See Lines 232- 49 P9)

- What are clear policy and practice recommendations?

Response: Comments Included (See lines 614- 28, P22)

- In the limitation more emphasis should be spend on the need for including other stakeholders in such analysis.

Response: Comments Included (See Lines 601- 19, P23)

please add the interview guide as a supplementary file

Response: The interview guide attached as a supplementary file